

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ C C00488742		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee National Association of REALTORS			Date M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2012		
Mailing Address 430 N. Michigan Avenue			Amount 450.00		
City Chicago		State IL	Zip Code 60611-4087		
Purpose of Expenditure Consulting Services		Category/Type 		Transaction ID : E2D2ACCEC4E5B4FC890C	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Gary G. Miller			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42		
Calendar Year-To-Date Per Election for Office Sought 136314.95			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee Majority Strategies			Date M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2012		
Mailing Address 135 Professional Drive Suite 104			Amount 118385.95		
City Ponte Vedra Beach		State FL	Zip Code 32082		
Purpose of Expenditure Direct Mail Costs		Category/Type 		Transaction ID : E8BCB40BECA2E4AD9B1	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Gary G. Miller			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42		
Calendar Year-To-Date Per Election for Office Sought 136314.95			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			118835.95		
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶					
(c) TOTAL Independent Expenditures.....▶					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">William Armstrong</p> <p>Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2012</p>					

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

FEC IDENTIFICATION NUMBER ▼

C C00488742

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Tarrance Group Inc

Date

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Mailing Address 201 N Union Street, Ste 410

Amount

17479.00

City State Zip Code
Alexandria VA 22314

Transaction ID : EEC2A68BE3A1B4150B94

Purpose of Expenditure
Polling ExpenseCategory/
TypeOffice Sought: ☒ House State: CA
☐ Senate District: 42
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Rep. Gary G. Miller

Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

136314.95

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

M M / D D / Y Y Y Y Y Y

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State:
☐ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

M M / D D / Y Y Y Y Y Y

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

17479.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

M M / D D / Y Y Y Y Y Y

(c) TOTAL Independent Expenditures.....▶

136314.95

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William Armstrong

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Signature